

APPLICATION CHECKLIST FOR BUILDING-LEVEL ADMINISTRATOR'S LICENSE (Principal, Special Education Director, Career Education Director)

1. If you are requesting an Initial Administrator's Certificate, the following must be submitted:

☐ **Application Form**

Completed application for Missouri Building-Level Administrator's Certificate.
Section V **must** be completed by the recommending college or university.

☐ **Original Transcripts**

Original transcripts documenting the completion of the educational administration program must be submitted.

2. If you are requesting a Transition Administrator's Certificate, the following must be submitted:

☐ **Application Form**

Completed application for Missouri Building-Level Administrator's Certificate. Section IV **must** be completed by the employing Missouri school district.

NOTE: The Transition certificate is valid only for six years.

☐ **Original Transcripts**

Original transcripts documenting a minimum of eight semester hours of coursework should be submitted if this option was chosen in Section IV.

3. If you are requesting a Career Administrator's Certificate, the following must be submitted:

☐ **Application Form**

Completed application for Missouri Building-Level Administrator's Certificate. Section V **must** be completed by the recommending college or university.

☐ **Original Transcripts**

Original transcripts showing the conferment of an Educational Specialist or Doctorate degree in educational leadership, curriculum & instruction, or literacy must be submitted.

☐ **Processing Fee** (for the Career Administrator's Certificate only)

A \$35 check or money order make payable to Treasurer, State of Missouri is required.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!

An incomplete packet can not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>**

You can check the status of your application on our website at:
http://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR BUILDING LEVEL ADMINISTRATOR'S CERTIFICATE OF LICENSE TO TEACH
(Principal, Career Education Director, and Special Education Director)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		ATTACH \$35 CHECK OR MONEY ORDER (made payable to Treasurer, State of Missouri) FOR UPGRADING A CAREER ADMINISTRATOR'S CERTIFICATE	
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS			
CITY, STATE, ZIP CODE		EMAIL ADDRESS	
DATE OF BIRTH	MALE FEMALE	PHONE NUMBERS H () W ()	

B. EDUCATION: List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees. (If additional space is needed, please attach sheets as necessary.)

COLLEGE/ UNIVERSITY	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	

IMPORTANT: Official transcripts listed in Part B must be received from schools before application is considered complete.

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.		
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?		
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?		
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?		

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE	DATE
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TWO PAGE FORM

SECTION II: APPLICANT INFORMATION					
*SOCIAL SECURITY NUMBER			DATE OF BIRTH		
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)			LIST ALL MAIDEN OR FORMER NAMES		
SECTION III: PURPOSE OF APPLICATION					
To be completed by applicant—please check the appropriate level of administrative certification.					
I am requesting an Initial :	Elementary (K-8)	Secondary (7-12)	Middle School (5-9) (cannot stand alone)	Special Education Director (K-12)	Career Education Director
(Section V must be completed by the designated recommending official from your college/university)					
I am requesting a Transition :	Elementary (K-8)	Secondary (7-12)	Middle School (5-9)	Special Education Director (K-12)	Career Education Director
(Section IV must be completed by the designated school district official)					
I am requesting a Career :	Elementary (K-8)	Secondary (7-12)	Middle School (5-9)	Special Education Director (K-12)	Career Education Director
(Section V must be completed by the designated recommending official from your college/university)					
SECTION IV: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT					
To be completed by the employing school district if applicant is upgrading from an Initial to a Transition certificate.					
<input type="checkbox"/> Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved administrative experience. <input type="checkbox"/> Applicant has developed and implemented a professional development plan that is on file with our district. <input type="checkbox"/> Applicant has participated in and successfully completed two years of district-provided mentoring. <input type="checkbox"/> Applicant has successfully participated in the yearly performance based principal evaluation program of this district. <input type="checkbox"/> Applicant has completed 120 contact hours of appropriate professional development and documented such hours with our district OR 8 semester hours towards an advanced degree program (official transcripts must be submitted).					
SIGNATURE OF SCHOOL OFFICIAL		DATE		SCHOOL DISTRICT	
NAME OF SCHOOL OFFICIAL			SCHOOL ADDRESS		
TITLE OF SCHOOL OFFICIAL			SCHOOL TELEPHONE		
PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY					
SECTION V: To be completed if recommending applicant for an Initial or Career certificate.					
A. INSTITUTIONAL RECOMMENDATION: Must be completed by the designated recommending official from the applicant's college/university					
The applicant has successfully completed our state-approved Educational Administration Program for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> Elementary Principal (K-8) Special Education Director (K-12) </div> <div style="width: 30%;"> Secondary Principal (7-12) Career Education Director </div> <div style="width: 30%;"> Middle School Principal (5-9) (Initial cannot stand alone) </div> </div>					
The applicant has successfully completed: our state-approved educational administration program for initial certification. a state approved EdS, EdD, or PhD in educational leadership, curriculum and instruction, or literacy. (required for Career certificate)					
AUTHORIZED EDUCATIONAL ADMINISTRATION SIGNATURE/TITLE		RECOMMENDING INSTITUTION		DATE	
B. STATE-APPROVED EDUCATIONAL ADMINISTRATION PROGRAM APPROVAL INFORMATION					
FIRST YEAR STATE APPROVAL WAS GRANTED			DATE CURRENT STATE APPROVAL EXPIRES		
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL		NAME OF INSTITUTION		AFFIX OFFICIAL STAMP OR SEAL HERE	
PRINT/TYPE REGISTRAR'S NAME		ADDRESS OF INSTITUTION			
DATE		PHONE NUMBER ()			
The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581. ATTENTION UNIVERSITY OFFICIAL! PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480. DO NOT RETURN THIS FORM TO THE APPLICANT. ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES! http://dese.mo.gov					